

Commonwealth of Kentucky Personnel Cabinet

Prepared for:
Kentucky Group Health Insurance Board Members

June 2007

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Dashboard Report: Based on Incurred Claims. Includes projections for Incurred but not yet reported claims (IBNR or CMPL)

1. Enrollment

Fact	Feb 2006 - Jan 2007	Feb 2005 - Jan 2006	% Change
Employees Avg Med	147,015	144,105	2.00%
Members Avg Med	236,706	230,730	2.60%
Family Size Avg	1.6	1.6	0.60%
Member Age Avg	37.7	38.7	-2.60%

3. Allowed Claims Costs PMPY with Norms

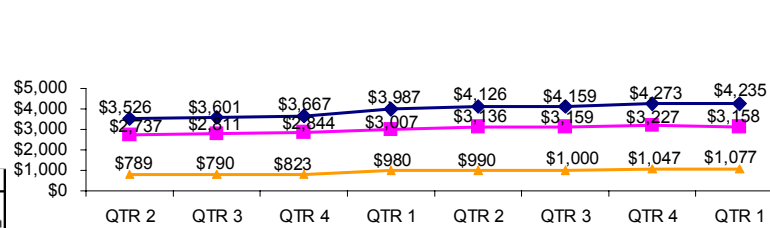
	Feb 2005 - Jan 2006	Feb 2006 - Jan 2007	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$3,151.65	\$3,553.46	13%	\$3,423.23	3.66%
Allow Amt PMPY IP Acute (Cmpl)	\$915.86	\$1,011.88	10%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$2,212.99	\$2,530.71	14%	\$2,311.80	8.65%
Allow Amt PMPY OP Fac Med (Cmpl)	\$1,007.96	\$1,048.39	4%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$790.13	\$898.15	14%	\$0.00	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$141.83	\$220.41	55%	\$0.00	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$299.08	\$446.80	49%	\$0.00	N/A
Out of Pocket PMPY Med (Cmpl)	\$296.88	\$325.44	10%	\$598.71	-83.97%
Allow Amt PMPY Rx (Cmpl)	\$1,077.24	\$1,229.36	14%	\$949.53	22.76%
Out of Pocket PMPY Rx (Cmpl)	\$263.94	\$216.60	-18%	\$0.00	N/A

6.b. Cost Driver Support Table

Fact	Feb 2005 - Jan 2006	Feb 2006 - Jan 2007	% Change
Allow Amt Per Day Adm Acute	\$2,861.63	\$2,848.34	-0.46%
Days Per 1000 Adm Acute	317.06	343.49	8.34%
Allow Amt Per Visit OP Fac Med	\$696.37	\$634.68	-8.86%
Visits Per 1000 OP Fac Med	1,447.48	1,851.85	14.12%
Allow Amt Per Visit Office Med	\$103.95	\$108.81	4.68%
Visits Per 1000 Office Med	7,601.01	8,254.15	8.59%
Allow Amt Per Day Supply Rx	\$2.18	\$2.22	1.64%
Days Supply PMPY Rx	493.26	553.81	12.27%

2. Net Incurred Claims Cost Per Member

(PMPY Costs calculated at the end of each Qtr.)

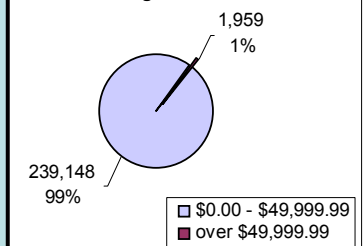


5. Prescription Drug Programs

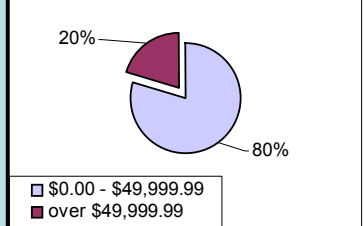
	Fact	Feb 2005 - Jan 2006	Feb 2006 - Jan 2007	% Change
Mail Order	Discount Off AWP % Rx	26.88%	32.39%	20.45%
	Scripts Generic Efficiency Rx	86.72%	91.08%	5.03%
Retail	Discount Off AWP % Rx	27.59%	33.14%	20.09%
	Scripts Generic Efficiency Rx	91.79%	94.26%	2.70%
Total	Discount Off AWP % Rx	27.50%	33.04%	20.14%
	Scripts Generic Efficiency Rx	91.59%	94.14%	2.78%
	Scripts Maint Rx % Mail Order	5.93%	6.15%	3.81%

4. High cost Claimants: Jan - Dec 2006

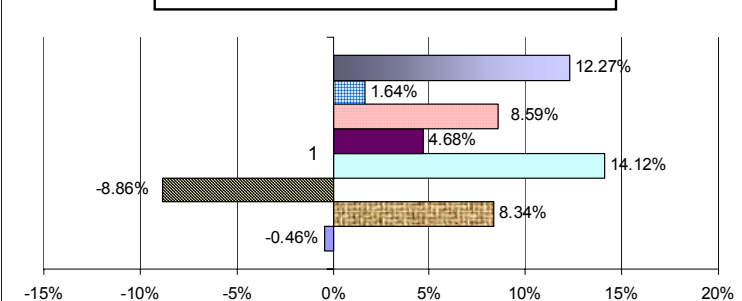
% of High Cost Patients



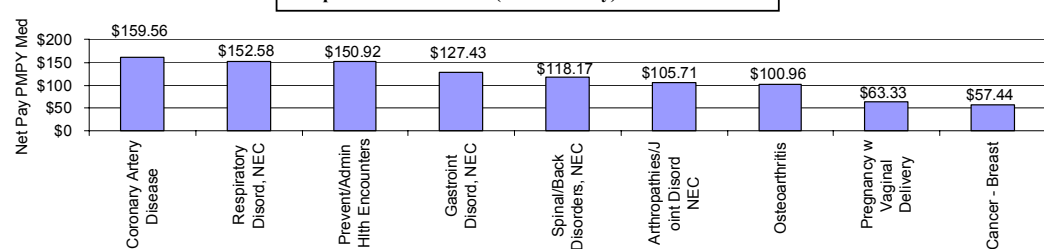
% of Total Net Payments for Med and Rx



6. Cost Drivers: Utilization and Price Trends



7. Top Clinical Conditions (Medical Only): Jan - Dec 2006



Introduction

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of 253,984 members as well as 7,196,140 claims (3,083,368 Medical claims and 4,048,855 prescriptions) from five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

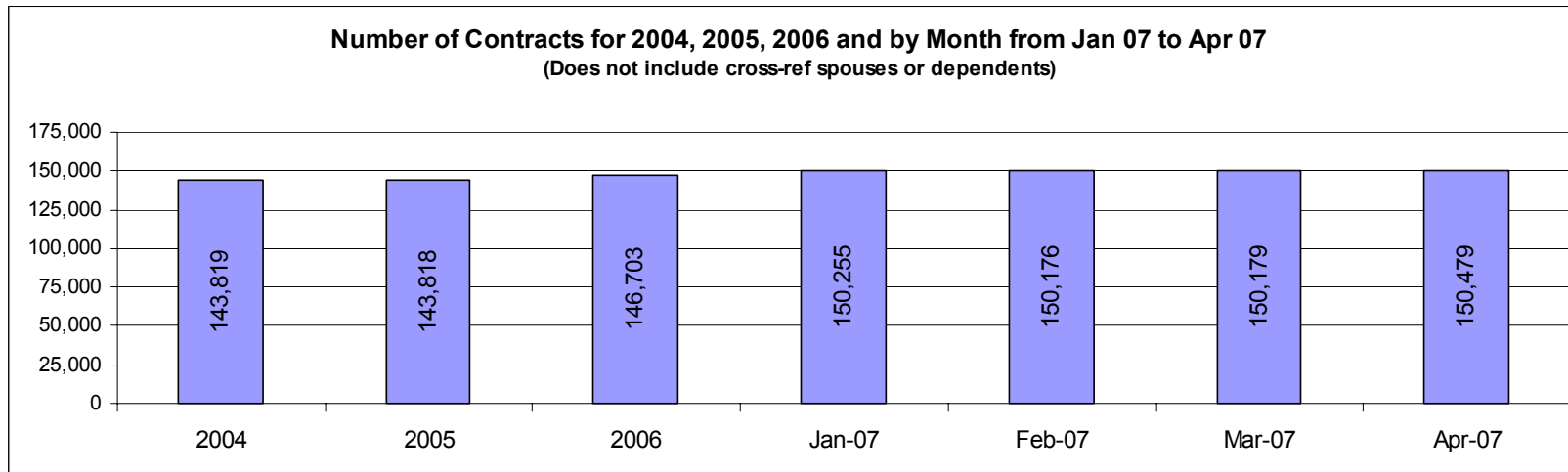
Definitions

DEI utilized the following definitions in preparing reports:

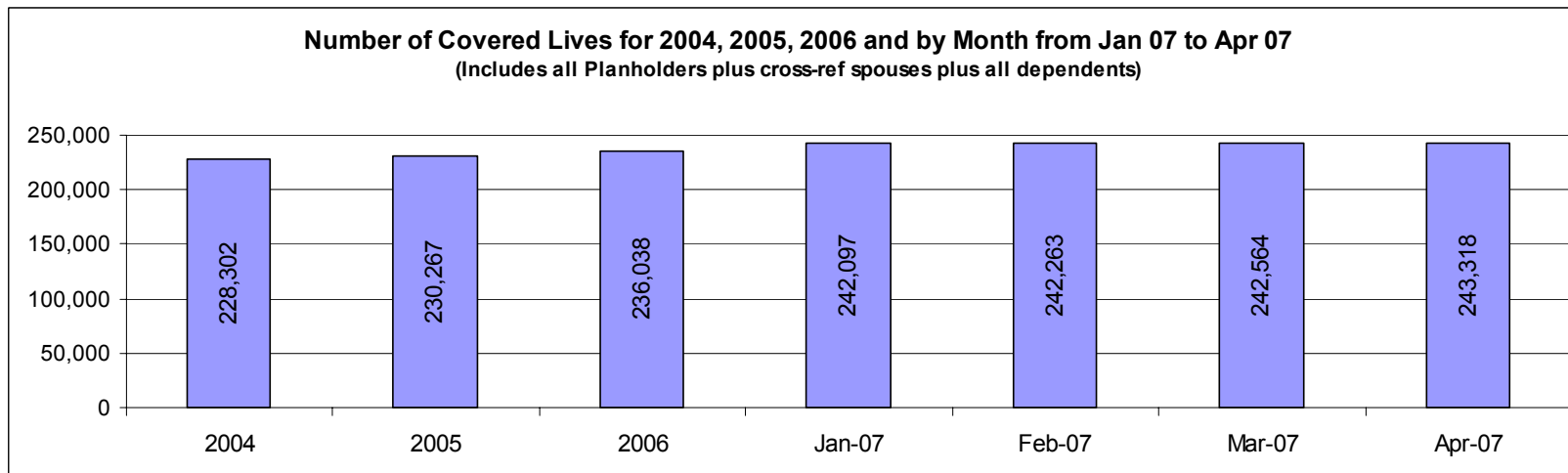
- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following details planholder enrollment (contracts) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis. (Note: There have been approximately 7,000 cross-referenced spouses in any given month that are not included in the following chart.)



The following details member enrollment (covered lives) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis.

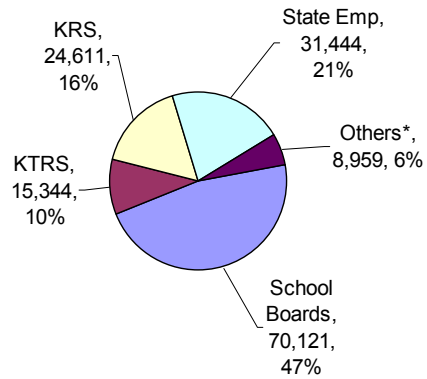


The following shows the number of cross-reference spouses for 2004, 2005, 2006 and monthly year-to-date for 2007. Number of Cross-Reference Spouses will fluctuate on a monthly basis.

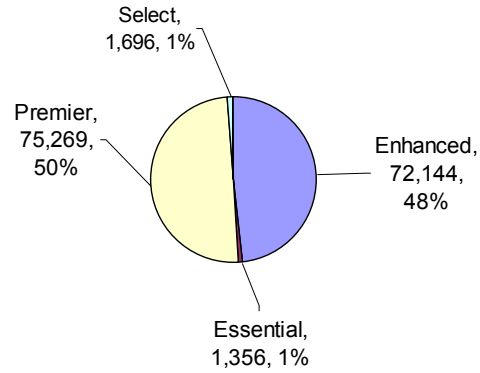
Time Period	Number of Cross-Reference Spouses
Avg - 2004	5,008
Avg - 2005	7,017
Avg - 2006	7,130
Jan-07	7,227
Feb-07	7,217
Mar-07	7,266
Apr-07	7,284

The following displays Planholder and Member enrollment by group, plan, and coverage level.

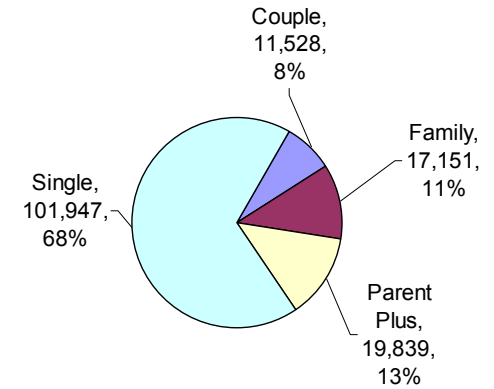
Planholder Enrollment by Group for April 2007



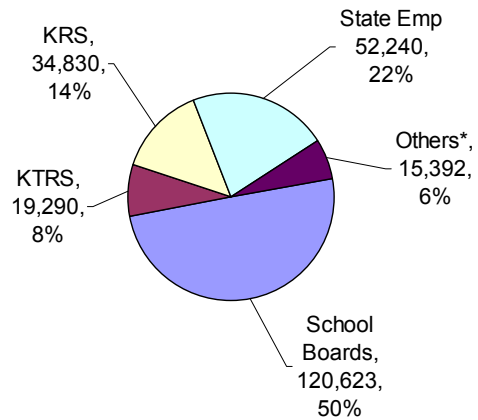
Planholder Enrollment by Plan for April 2007



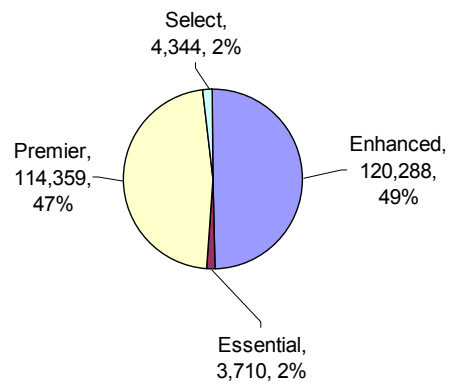
Planholder Enrollment by Coverage Level for April 2007



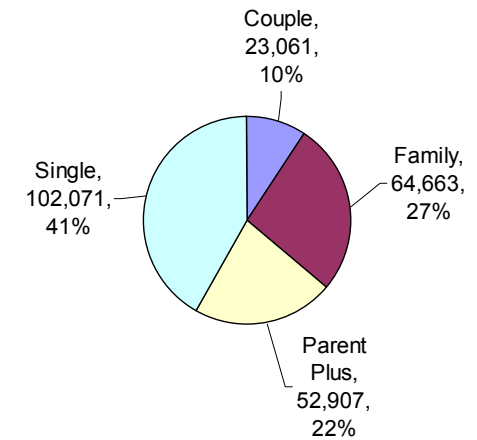
Member Enrollment by Group for April 2007



Member Enrollment by Plan for April 2007



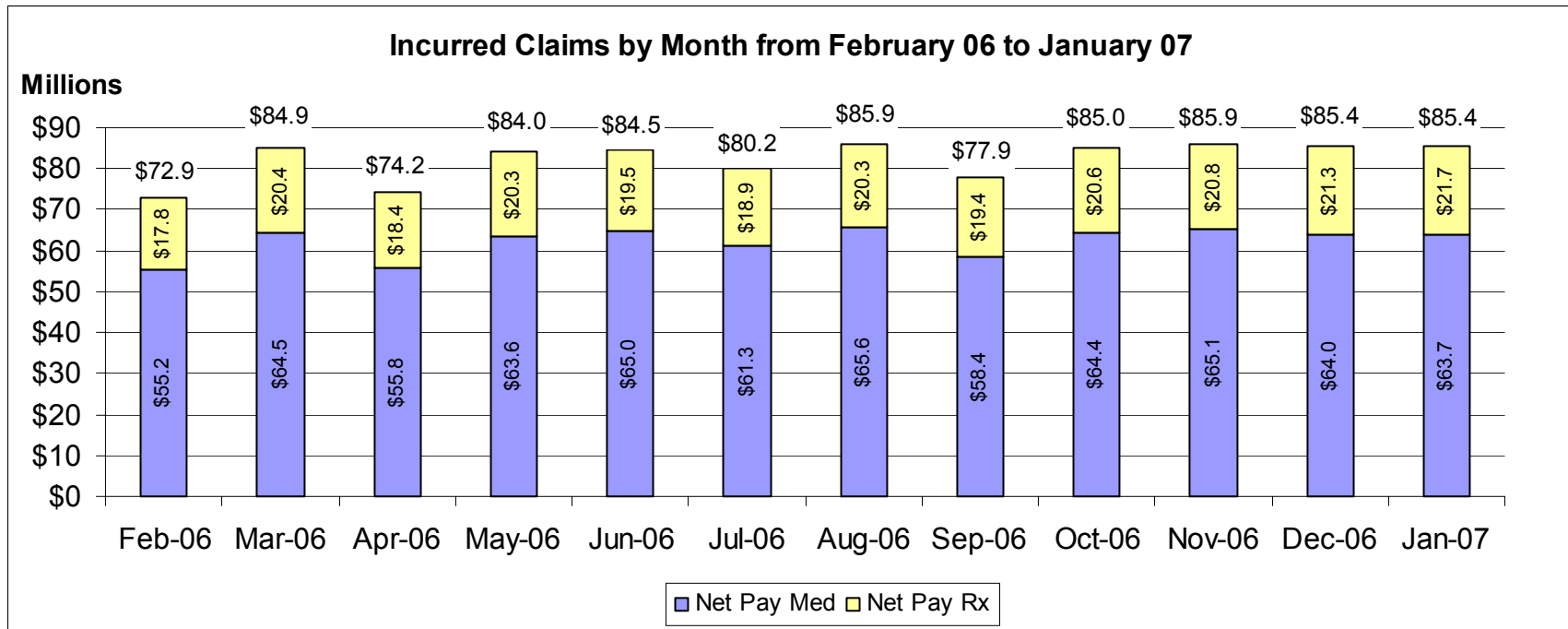
Member Enrollment by Coverage Level for April 2007



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs, including Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



NOTE: Includes run out data from all Carriers

The following represents incurred medical claims only (does not include Rx) by Group for 2004, 2005, 2006 and monthly year-to-date for 2007.

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$246,135,396	\$70,821,610	\$105,462,079	\$123,071,292	\$44,914,612	\$590,404,988
2005	\$258,740,079	\$80,441,671	\$122,058,942	\$127,040,659	\$43,862,327	\$632,143,678
2006	\$303,544,338	\$93,073,256	\$145,477,086	\$149,244,355	\$48,050,780	\$739,389,815
Jan-07	\$26,436,266	\$8,289,847	\$12,913,057	\$12,226,006	\$3,850,331	\$63,715,507

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred Rx claims only (does not include medical) by Group for 2004, 2005, 2006 and monthly year-to-date for 2007.

	School Boards	KTRS	KRS	State Employees	Others*	Total RX
2004	\$65,360,626	\$24,608,695	\$34,686,761	\$32,457,821	\$11,383,050	\$168,496,952
2005	\$69,891,805	\$27,094,171	\$39,706,608	\$34,310,246	\$11,822,500	\$182,825,330
2006	\$92,654,953	\$35,016,832	\$53,063,260	\$42,776,709	\$13,583,609	\$237,095,364
Jan-07	\$8,509,696	\$3,115,181	\$4,953,275	\$3,818,668	\$1,328,726	\$21,725,546

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred medical claims only (does not include Rx) by Plan for 2004, 2005, 2006 and monthly year-to-date for 2007.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	Commonwealth Select	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$247,933	\$96,285	\$389,307	\$0	\$212,909,645	\$40,885,382	\$325,224,613	\$5,524,470	\$5,127,353	\$590,404,988
2005	\$224,051,710	\$5,706,438	\$398,847,631	\$0	\$12,164	\$900	\$179,854	\$70	\$3,344,912	\$632,143,678
2006	\$284,330,840	\$5,134,786	\$445,673,442	\$0	\$0	\$0	\$0	\$0	\$4,250,747	\$739,389,815
Jan-07	\$24,434,581	\$407,813	\$38,427,558	\$215,682	\$0	\$0	\$0	\$0	\$229,873	\$63,715,507

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred Rx claims only (does not include medical) by plan for 2004, 2005, 2006 and monthly year-to-date for 2007.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	Commonwealth Select	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$48,323	\$2,484	\$65,868	\$0	\$58,944,685	\$13,448,392	\$94,468,063	\$678,460	\$840,678	\$168,496,952
2005	\$64,800,801	\$1,344,708	\$115,891,021	\$0	\$12,237	\$3,874	\$21,588	\$496	\$750,605	\$182,825,330
2006	\$86,129,025	\$1,163,646	\$148,764,651	\$0	\$0	\$0	\$0	\$0	\$1,038,041	\$237,095,364
Jan-07	\$8,075,666	\$83,746	\$13,462,955	\$11,377	\$0	\$0	\$0	\$0	\$91,802	\$21,725,546

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred medical claims only (does not include Rx) by Carrier for 2004, 2005, 2006 and monthly year-to-date for 2007.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$64,888	\$224,118,842	\$139,136,810	\$221,785,746	\$171,350	\$5,127,353	\$590,404,988
2005	\$90,491,166	\$227,102,575	\$118,815,005	\$658,050	\$191,732,777	\$3,344,105	\$632,143,678
2006	\$12,159	\$113,129	\$11,055	\$734,993,399	\$11,495	\$4,248,579	\$739,389,815
Jan-07	\$0	\$0	\$0	\$63,485,634	\$0	\$229,873	\$63,715,507

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred Rx claims only (does not include medical) by Carrier for 2004, 2005, 2006 and monthly year-to-date for 2007.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$6,069	\$61,151,919	\$42,440,358	\$64,026,726	\$31,202	\$840,678	\$168,496,952
2005	\$28,614,944	\$67,409,177	\$33,782,823	\$78,274	\$52,189,529	\$750,583	\$182,825,330
2006	\$13,187	\$35,075	\$18,865	\$235,971,572	\$18,796	\$1,037,868	\$237,095,364
Jan-07	\$0	\$0	\$0	\$21,633,754	\$0	\$91,792	\$21,725,546

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,153,612	\$103,816,354	\$86,064,075	\$316,243,594	\$5,127,353	\$590,404,988
2005	\$87,258,666	\$118,827,302	\$89,294,800	\$333,418,414	\$3,344,496	\$632,143,678
2006	\$104,670,937	\$140,130,140	\$102,705,525	\$387,634,635	\$4,248,579	\$739,389,815
Jan-07	\$8,597,430	\$12,100,296	\$8,929,518	\$33,858,391	\$229,873	\$63,715,507

* Unable to tag claims to a specific coverage level.

The following represents incurred Rx claims only (does not include Medical) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,936,162	\$29,646,678	\$19,041,619	\$93,031,815	\$840,678	\$168,496,952
2005	\$28,909,054	\$34,190,171	\$19,157,715	\$99,817,506	\$750,884	\$182,825,330
2006	\$38,222,935	\$43,793,448	\$25,921,315	\$128,119,797	\$1,037,868	\$237,095,364
Jan-07	\$3,475,002	\$3,982,185	\$2,480,840	\$11,695,728	\$91,792	\$21,725,546

* Unable to tag claims to a specific coverage level.

Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred from January 2006 to December 2006. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Commonwealth Enhanced	70.72	67.82	4.28%	3.78	3.64	3.86%	267.31	281.95	-5.19%
Commonwealth Essential	56.35	57.55	-2.10%	3.67	3.31	10.85%	207.04	242.21	-14.52%
Commonwealth Premier	102.05	75.8	34.64%	4.14	3.89	6.31%	422.36	332.96	26.85%
Missing	N/A	N/A	N/A	3.66	0	N/A	N/A	N/A	N/A
Total	87.23	0.00	N/A	3.98	0.00	N/A	347.16	0	N/A

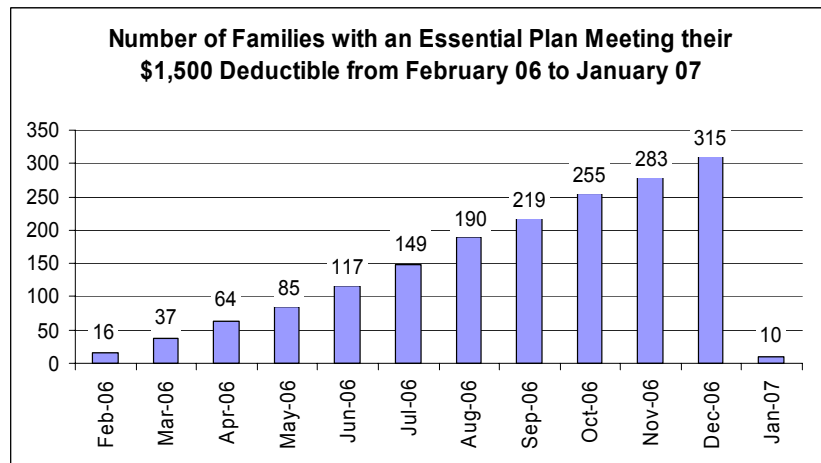
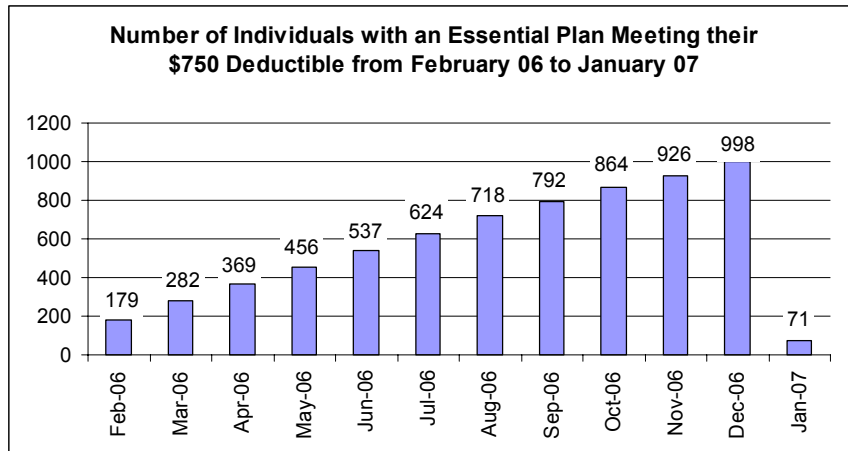
Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Commonwealth Enhanced	7,114.17	7,193.65	-1.10%	202.65	185.75	9.10%	6,590.95	6,043.29	9.06%	2,409.31	2,053.38	17.33%
Commonwealth Essential	3,644.32	6,509.32	-44.01%	183.62	182.32	0.71%	3,782.43	5,273.38	-28.27%	1,384.99	1,738.76	-20.35%
Commonwealth Premier	9,420.64	7,946.82	18.55%	238.48	184.76	29.08%	9,415.83	6,859.08	37.28%	3,450.49	2,443.60	41.21%
Missing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	8,189.61	0	N/A	220.48	0	N/A	7,930.74	0	N/A	2,902.63	0	N/A

*Missing means the claims could not be tagged to a specific plan.

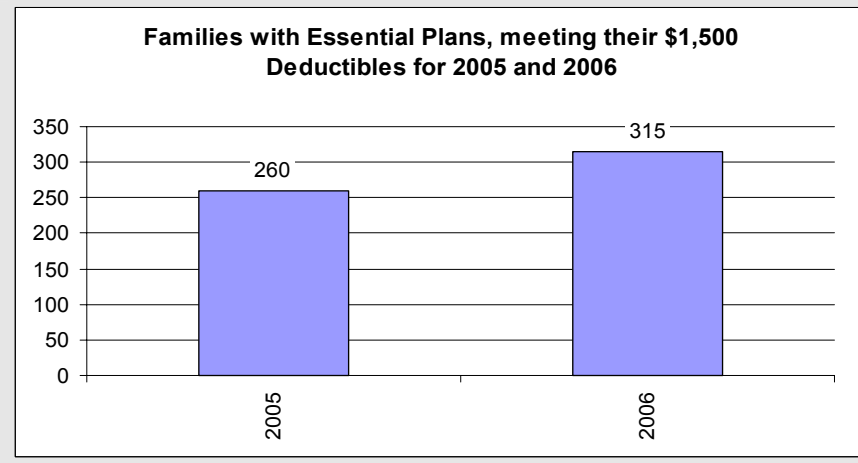
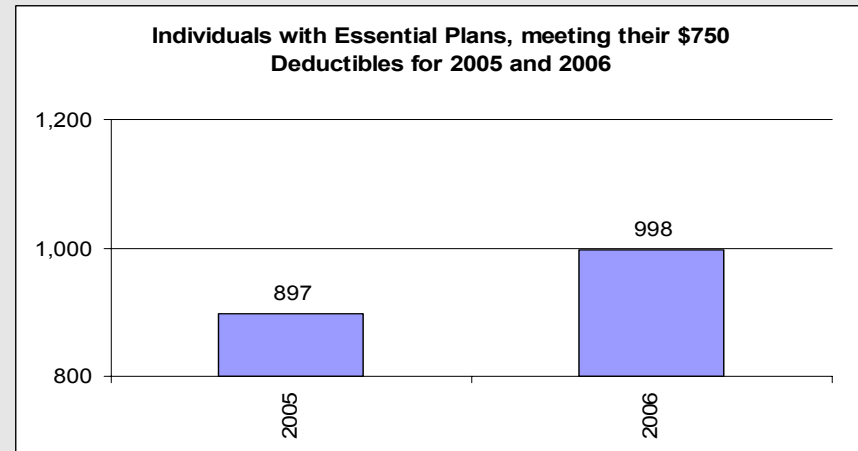
Analysis of Individuals and Families meeting their Deductible

The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

Essential



Plan Year Comparison

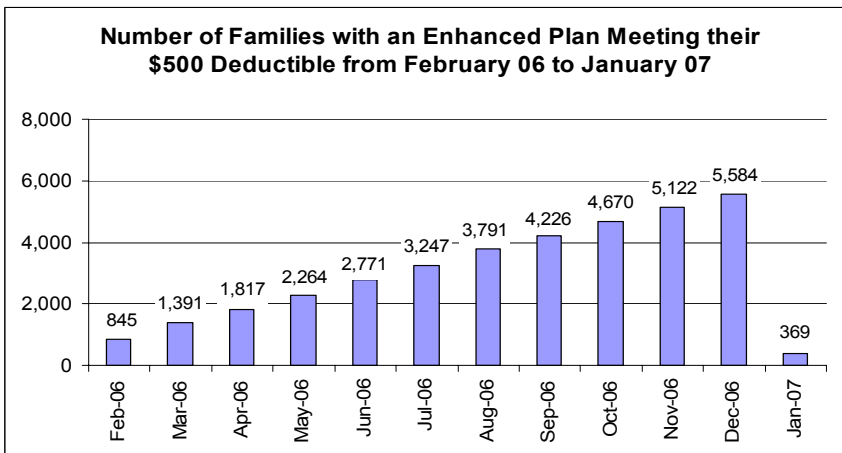
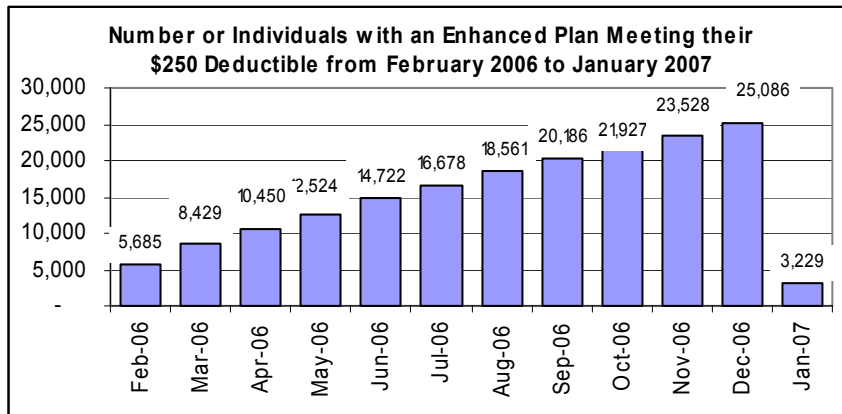


2005 Essential: A total of 18.65% of Individuals met their deductible while 12.40% of Families met their deductible.

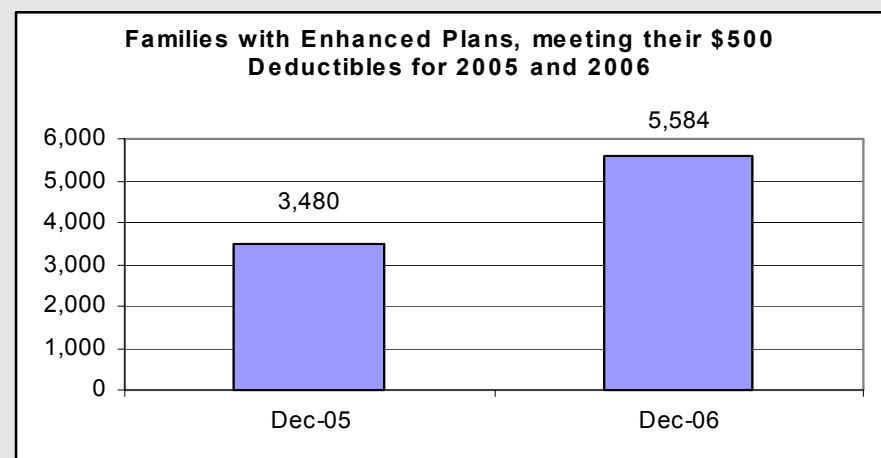
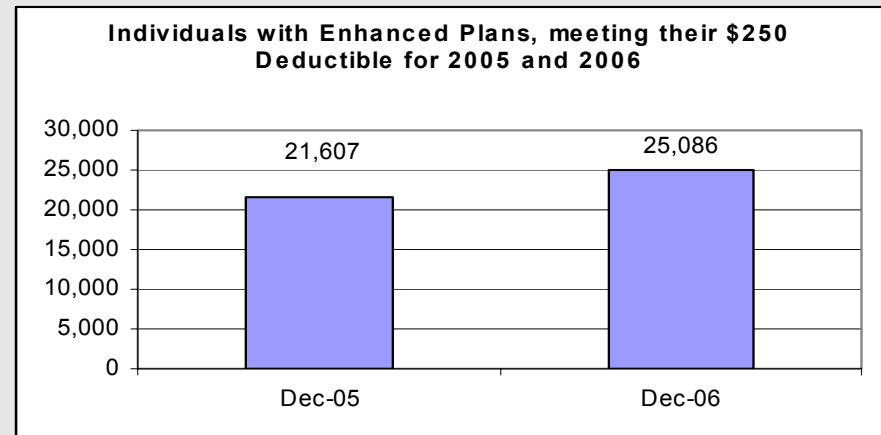
2006 Essential: A total of 20.75% of Individuals met their deductible while 14.98% of Families met their deductible.

During January 2007, 1.9% of Individuals met their deductible while 1.03% of Families met their deductible.

Enhanced



Plan Year Comparison

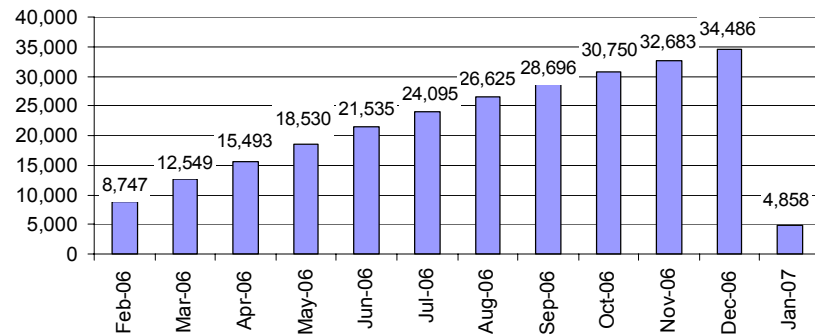


Enhanced 2005: A total of 19.39% of Individuals met their deductible while 5.00% of Families met their deductible.

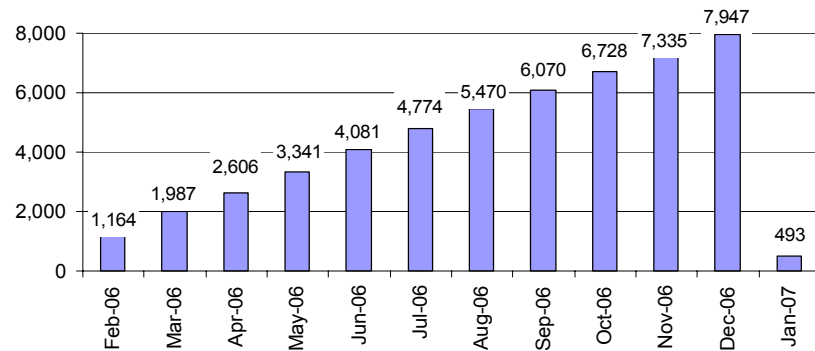
Enhanced 2006: A total of 22.43% of Individuals met their deductible while 7.95% of Families met their deductible.

Premier

Number of Individuals with a Premier Plan Meeting their \$250 Deductible from February 06 to January 07

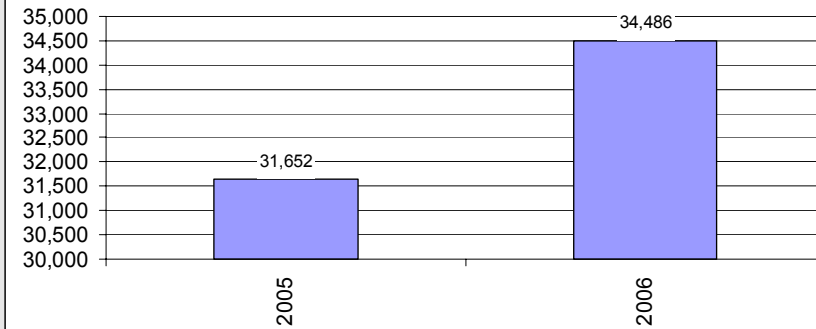


Number of Families with a Premier Plan Meeting their \$500 Deductible from February 06 to January 07

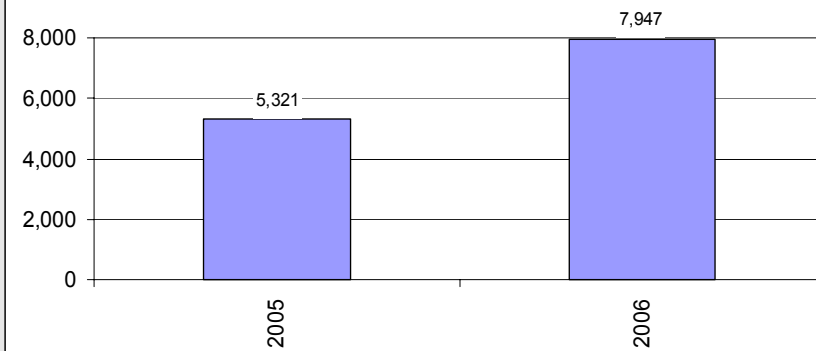


Plan Year Comparison

Individuals with Premier Plans, meeting their \$250 Deductibles for 2005 and 2006

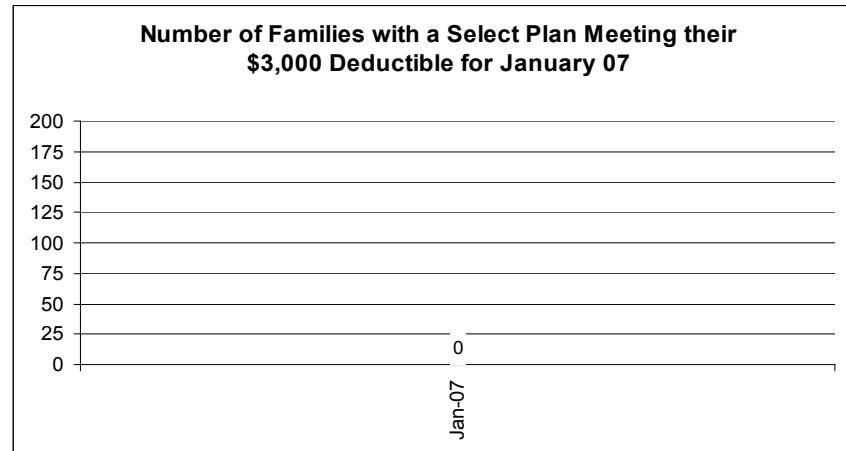
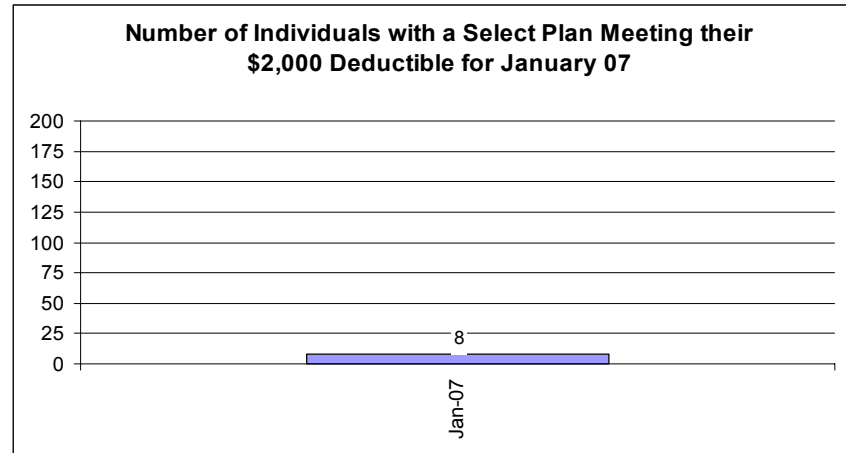


Families with Premier Plans, meeting their \$500 Deductibles for 2005 and 2006



Premier 2005: A total of 27.85% of Individuals met their deductibles while 6.93% of Families met their deductible.
 Premier 2006: A total of 30.26% of Individuals met their deductible while 10.28% of Families met their deductible.

Select



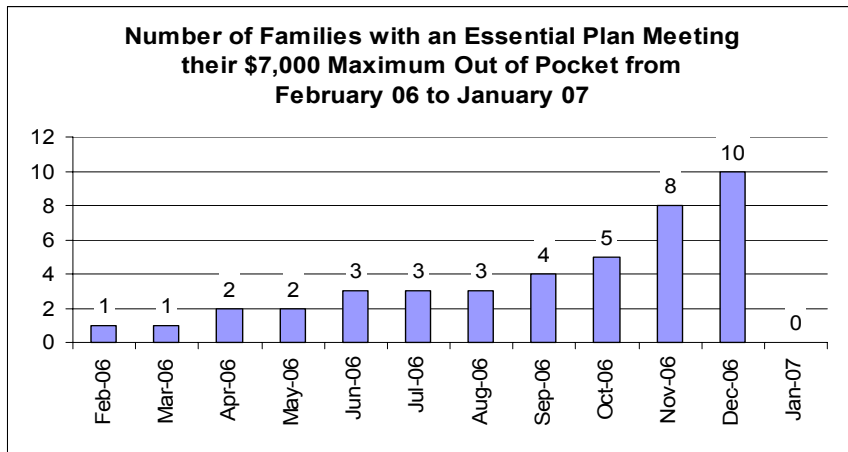
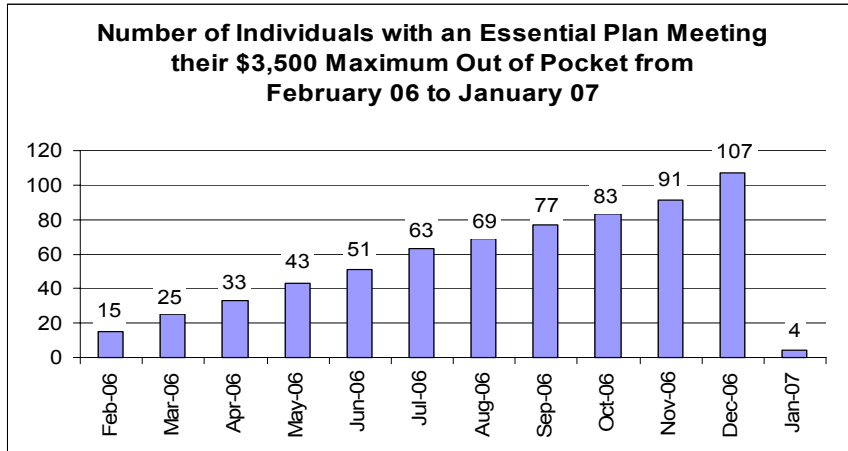
During January 2007, 0.20% of individuals with a Select Plan met their deductible, while 0% of families with a Select Plan met their deductible.

Note: The Select Plan deductible consists of medical costs only. Rx costs are part of the Max Out of Pocket (MOP).

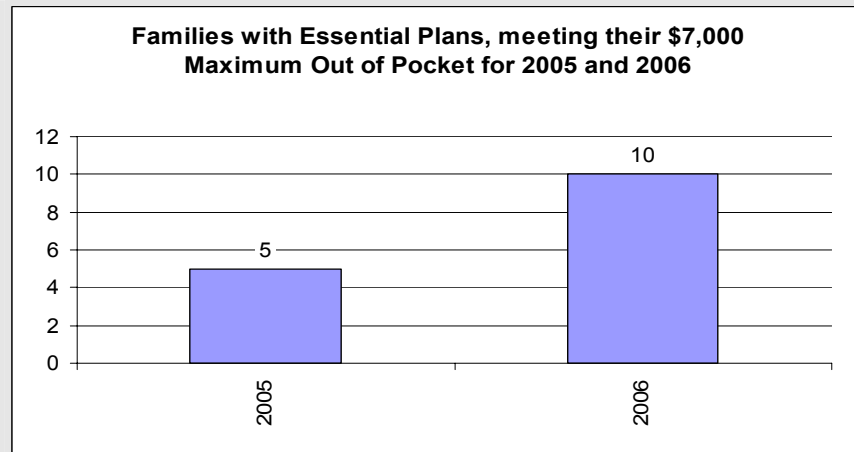
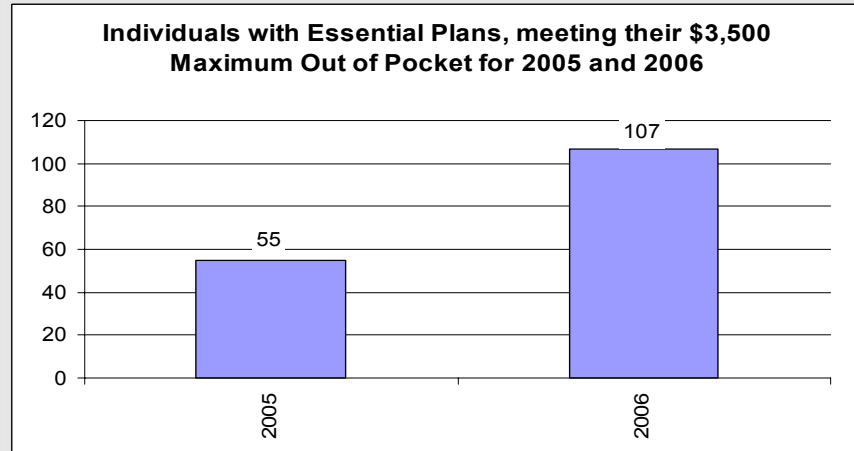
Analysis of Individuals and Families meeting their Maximum Out of Pocket expenses.

The following details the number of individuals and families by plan, meeting their maximum out of pocket (MOP) amounts for the most recent rolling year. The report is based on incurred claims.

Essential



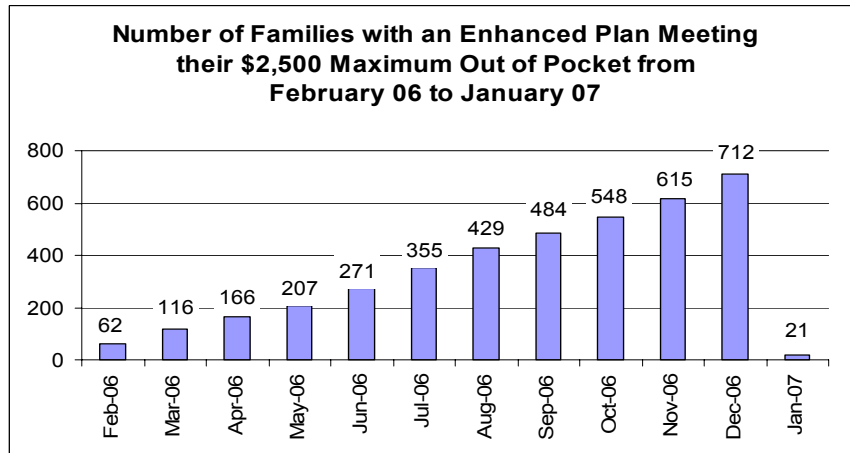
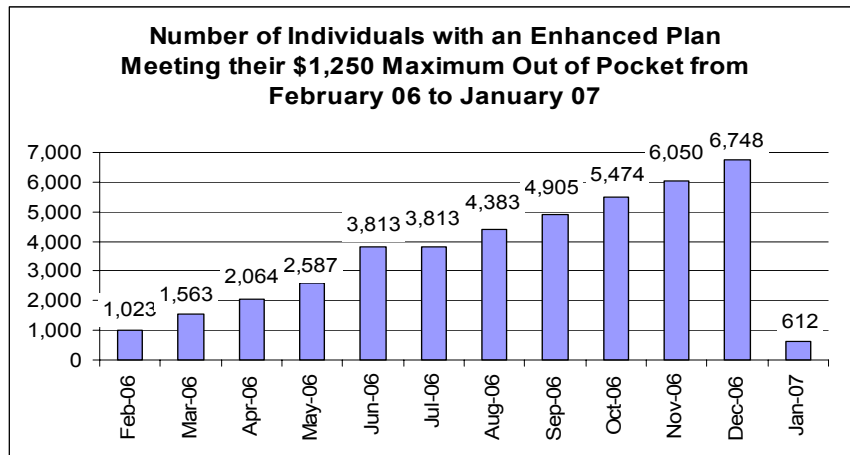
Plan Year Comparison



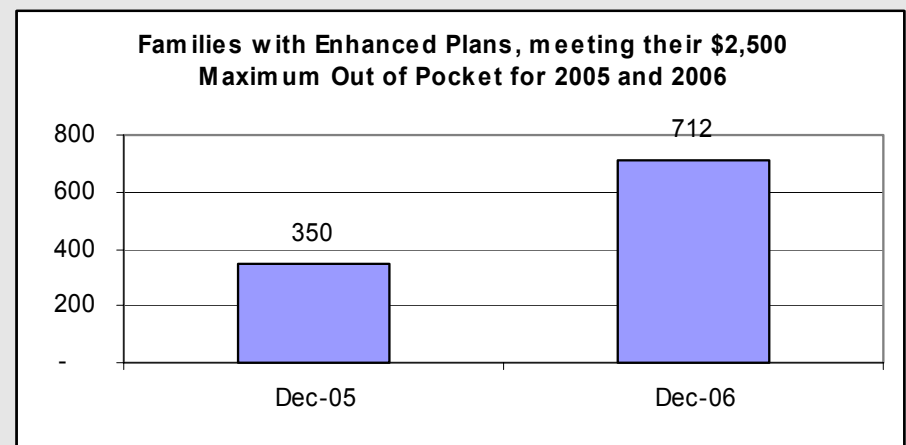
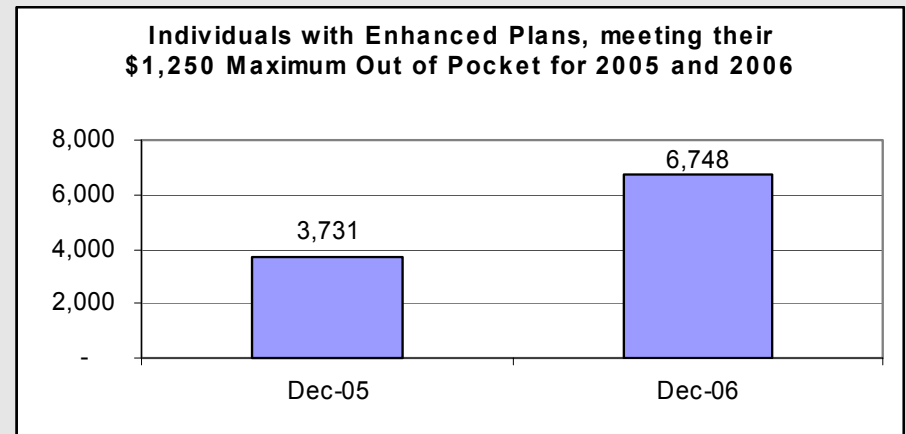
Essential 2005: A total of 1.14% of Individuals met their MOP while 0.24% of Families met their MOP.

Essential 2006: A total of 2.20% of Individuals met their MOP while 0.43% of Families met their MOP.

Enhanced



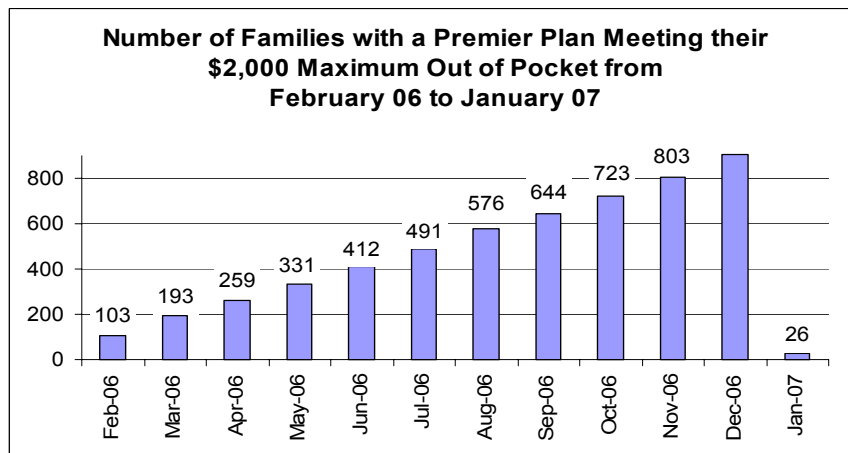
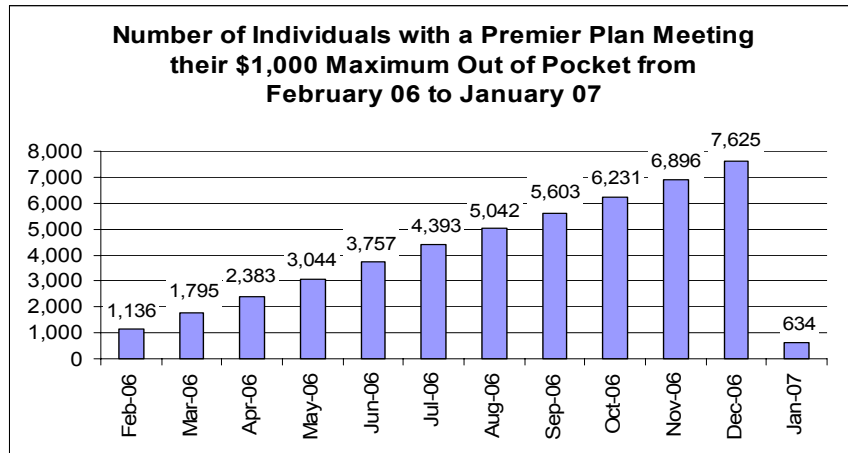
Plan Year Comparison



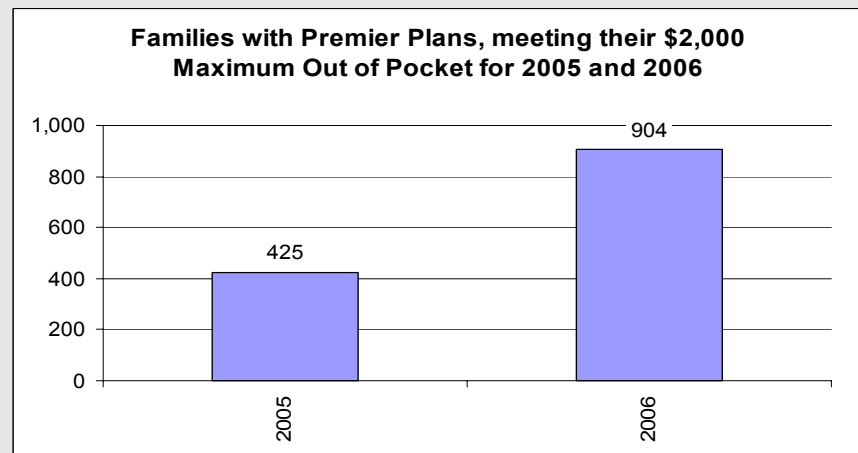
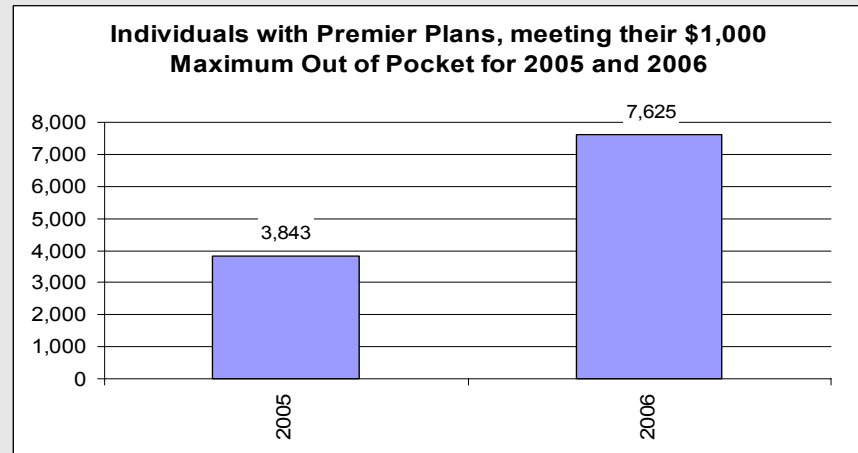
Enhanced 2005: A total of 3.35% of Individuals met their MOP while 0.50% of Families met their MOP.

Enhanced 2006: A total of 6.02% of Individuals met their MOP while 1.01% of Families met their MOP.

Premier



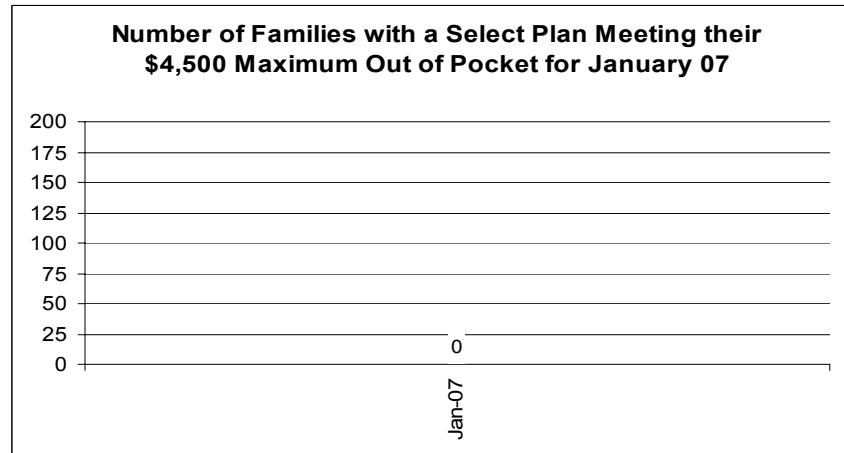
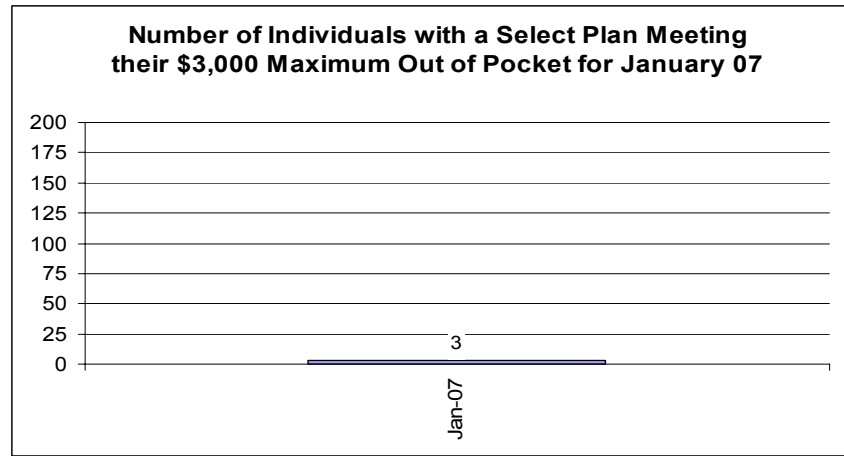
Plan Year Comparison



Premier 2005: A total of 3.38% of Individuals met their MOP while .055% of Families met their MOP.

Premier 2006: A total of 6.69% of Individuals met their MOP while 1.16% of Families met their MOP.

Select



During January 2007, 0.07% of individuals with a Select Plan met their MOP, while 0% of families with a Select Plan met their MOP.
Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.

Premium (or Premium Equivalent)

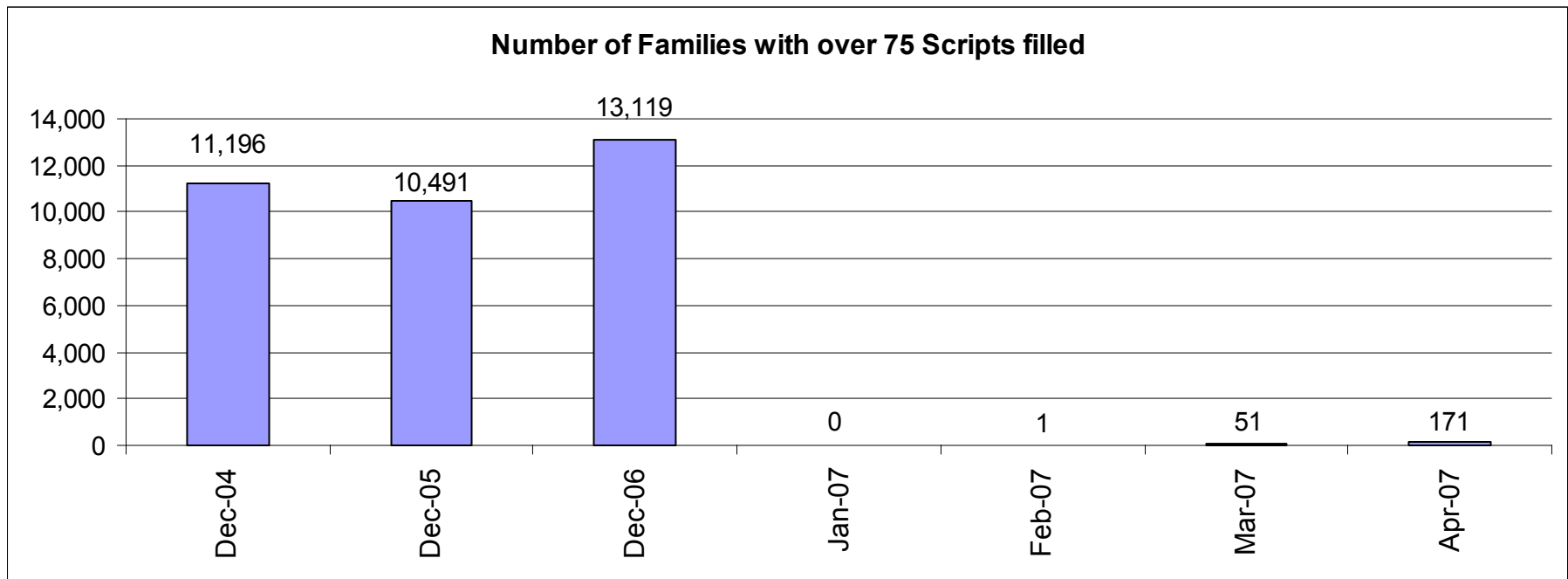
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, 2006, and monthly year-to-date for 2007.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
Jan-07	\$14,016,671	\$80,542,856	\$94,559,527
Feb-07	\$14,044,597	\$80,471,968	\$94,516,565
Mar-07	\$13,794,423	\$80,762,937	\$94,557,360
Apr-07	\$13,833,486	\$80,943,164	\$94,776,651

NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received.

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, 2006 and monthly year-to-date for 2007. After a family has filled 75 prescriptions the co-payment was reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The following details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Incurred claims.

	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Feb-06	187,019	13,168	148,216	7,333	355,736	52.57%	93.42%
Mar-06	214,745	14,534	168,543	7,961	405,783	52.92%	93.66%
Apr-06	187,904	12,889	147,425	6,752	354,970	52.94%	93.58%
May-06	206,435	13,764	160,027	8,173	388,399	53.15%	93.75%
Jun-06	198,947	13,305	150,829	7,945	371,026	53.62%	93.73%
Jul-06	195,459	12,951	141,729	15,023	365,162	53.53%	93.79%
Aug-06	207,462	13,208	145,667	20,470	386,807	53.63%	94.01%
Sep-06	211,880	12,365	139,292	15,592	379,129	55.89%	94.49%
Oct-06	227,317	13,256	146,142	13,379	400,094	56.82%	94.49%
Nov-06	235,040	13,220	144,204	11,499	403,963	58.18%	94.67%
Dec-06	241,599	13,272	147,236	13,759	415,866	58.10%	94.79%
Jan-07	249,196	13,552	154,938	14,861	432,547	57.61%	94.84%

*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt Per Script*	Net Pay Per Script	Average out of pocket cost per member	Average out of pocket cost per patient
Feb-06	233,552	144,100	355,736	1.52	2.88	\$61.66	\$49.97	\$17.79	\$28.84
Mar-06	234,241	151,888	405,783	1.73	3.09	\$61.87	\$50.24	\$20.16	\$31.09
Apr-06	234,589	142,248	354,970	1.51	2.92	\$63.68	\$51.94	\$17.77	\$29.30
May-06	234,695	147,194	388,399	1.65	3.07	\$63.96	\$52.33	\$19.24	\$30.68
Jun-06	234,830	145,597	371,026	1.58	3.02	\$63.94	\$52.53	\$18.04	\$29.09
Jul-06	235,112	145,237	365,162	1.55	3.00	\$63.00	\$51.85	\$17.32	\$28.04
Aug-06	233,040	148,152	386,807	1.66	3.07	\$63.35	\$52.47	\$18.06	\$28.41
Sep-06	233,806	145,271	379,129	1.62	3.02	\$61.89	\$51.28	\$17.20	\$27.69
Oct-06	238,697	151,563	400,094	1.67	3.09	\$62.04	\$51.52	\$17.63	\$27.77
Nov-06	239,513	154,430	403,963	1.68	3.07	\$61.83	\$51.54	\$17.36	\$26.92
Dec-06	239,277	153,228	415,866	1.73	3.11	\$61.39	\$51.31	\$17.51	\$27.35
Jan-07	241,464	157,843	432,547	1.79	3.15	\$61.23	\$50.23	\$19.09	\$29.21

* "Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

The following top 25 drug analysis is based on Rx claims incurred during January 2007.

Product Name*	Brand/Generic	Therapeutic Class	Total Rx Payments	Net Pay Rx as % of All Drugs	Number of Scripts	Net Pay Per Day Supply Rx	Number of members receiving an RX
NEXIUM	Brand	Gastrointestinal Drugs	\$634,325	2.92%	4,004	\$4.52	3,858
SINGULAIR	Brand	Unclassified Agents	\$465,278	2.14%	5,259	\$2.56	5,194
ENBREL	Brand	Unclassified Agents	\$425,603	1.96%	222	\$54.13	208
PREVACID	Brand	Gastrointestinal Drugs	\$425,162	1.96%	2,534	\$4.77	2,470
CRESTOR	Brand	Cardiovascular Agents	\$384,183	1.77%	4,644	\$2.38	4,513
EFFEXOR-XR	Brand	Central Nervous System	\$370,370	1.70%	2,880	\$3.83	2,719
VYTORIN	Brand	Cardiovascular Agents	\$357,509	1.65%	4,155	\$2.40	4,064
TOPAMAX	Brand	Central Nervous System	\$328,922	1.51%	1,386	\$7.18	1,340
SIMVASTATIN	Generic	Cardiovascular Agents	\$316,579	1.46%	8,927	\$1.01	8,660
AVANDIA	Brand	Hormones & Synthetic Subst	\$284,561	1.31%	1,824	\$4.36	1,766
SERTRALINE HYDROCHLORIDE	Generic	Central Nervous System	\$282,924	1.30%	4,389	\$1.96	4,233
ACTOS	Brand	Hormones & Synthetic Subst	\$269,242	1.24%	1,627	\$4.70	1,559
LEXAPRO	Brand	Central Nervous System	\$249,117	1.15%	3,629	\$2.07	3,544
PROTONIX	Brand	Gastrointestinal Drugs	\$235,754	1.09%	2,163	\$3.17	2,101
LEVAQUIN	Brand	Anti-Infective Agents	\$233,281	1.07%	2,516	\$10.37	2,375
CYMBALTA	Brand	Central Nervous System	\$230,215	1.06%	1,852	\$3.79	1,760
TRICOR	Brand	Cardiovascular Agents	\$207,635	0.96%	2,192	\$2.69	2,135
LOTREL	Brand	Cardiovascular Agents	\$204,163	0.94%	2,330	\$2.56	2,267
ZETIA	Brand	Cardiovascular Agents	\$188,802	0.87%	2,380	\$2.22	2,312

HUMIRA	Brand	Immunosuppressants	\$188,748	0.87%	103	\$51.98	95
ZYRTEC	Brand	Antihistamines & Comb.	\$187,784	0.86%	5,019	\$1.12	4,942
OMNICEF	Brand	Anti-Infective Agents	\$184,575	0.85%	2,383	\$7.81	2,330
AZITHROMYCIN	Generic	Anti-Infective Agents	\$184,056	0.85%	9,470	\$3.92	9,133
LIPITOR	Brand	Cardiovascular Agents	\$183,519	0.84%	2,171	\$2.25	2,105
ADVAIR DISKUS 250/50	Brand	Hormones & Synthetic Subst	\$183,399	0.84%	1,052	\$5.22	1,052

*"Product Name" includes all strengths/formulations of a drug.

In summary the top 25 drugs represent over 18% of the total scripts and over 33% of total Rx expenditures.

Summary	Total Rx Payments	Number of Scripts	Days Supply Rx
Top Drugs	\$7,205,705	79,111	2,331,840
All Product Names	\$21,725,546	432,547	11,941,035
Top Drugs as Pct of All Drugs	33.17%	18.29%	19.53%

Utilization

The top 25 clinical conditions based on “incurred claims” for January 2007 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

	Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
1	Signs/Symptoms/Oth Cond, NEC	\$3,859,606	\$637,629	\$3,143,508	3.22	6.69	375.62	11.75	12,475	\$309.39
2	Prevent/Admin Hlth Encounters	\$3,181,190	\$19,852	\$3,160,929	0.05	1	664.44	0.55	18,088	\$175.87
3	Coronary Artery Disease	\$3,167,766	\$1,980,384	\$1,186,841	4.51	4.09	76.23	2.83	1,517	\$2,088.18
4	Respiratory Disord, NEC	\$3,143,265	\$825,620	\$2,310,776	3.17	2.58	131.1	17.1	3,846	\$817.28
5	Gastroint Disord, NEC	\$2,579,270	\$514,587	\$2,064,683	2.83	3.28	172.64	16.75	4,629	\$557.20
6	Spinal/Back Disorders, NEC	\$2,261,177	\$413,163	\$1,847,942	1.24	2.08	700.08	5.7	7,188	\$314.58
7	Arthropathies/Joint Disord NEC	\$2,153,187	\$113,902	\$2,030,429	0.35	2.14	776.66	7.24	9,896	\$217.58
8	Osteoarthritis	\$2,027,766	\$1,318,109	\$709,346	3.32	3.22	183.2	0.2	3,012	\$673.23
9	Infections - ENT Ex Otitis Med	\$1,444,921	\$40,551	\$1,404,221	0.69	2.93	818.7	13.88	15,854	\$91.14
10	Pregnancy w Vaginal Delivery	\$1,318,599	\$1,309,356	\$9,243	6.2	2.46	0.84	0.05	239	\$5,517.15
11	Chemotherapy Encounters	\$1,295,258	\$472,795	\$822,463	0.5	4.7	2.63	0	130	\$9,963.52
12	Cancer - Breast	\$1,263,239	\$13,377	\$1,249,861	0.3	3.33	57.65	0.05	682	\$1,852.26
13	Hypertension, Essential	\$953,714	\$232,168	\$720,616	0.69	4.57	333.39	2.03	7,225	\$132.00
14	Renal Function Failure	\$860,640	\$120,995	\$730,884	0.25	6.6	12.79	0.3	419	\$2,054.03
15	Cholecystitis/Cholelithiasis	\$860,396	\$204,527	\$655,868	1.29	3.88	7.53	1.09	290	\$2,966.88
16	Diabetes	\$851,566	\$293,274	\$556,888	1.09	7	205.16	1.19	4,482	\$190.00

	Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
17	Gynecological Disord, NEC	\$845,279	\$121,835	\$723,444	0.94	1.68	90.21	1.34	2,443	\$346.00
18	ENT Disorders, NEC	\$823,116	\$16,961	\$806,130	0.1	1.5	655.13	3.22	7,027	\$117.14
19	Hernia/Reflux Esophagitis	\$813,752	\$225,700	\$588,052	0.89	4.28	57.4	1.09	1,463	\$556.22
20	Infec/Inflam - Skin/Subcu Tiss	\$802,052	\$174,638	\$627,346	1.19	4.38	243.62	3.52	4,785	\$167.62
21	Condition Rel to Tx - Med/Surg	\$781,050	\$567,971	\$206,554	2.18	5.95	6.29	1.64	331	\$2,359.67
22	Nutritional Disorders, NEC	\$773,929	\$71,963	\$701,808	0.74	1.93	206.55	1.73	5,977	\$129.48
23	Cardiac Arrhythmias	\$723,976	\$313,059	\$407,469	1.29	2.81	44.66	1.88	954	\$758.88
24	Infections - Respiratory, NEC	\$714,555	\$107,395	\$607,161	0.99	2.3	299.63	8.67	6,187	\$115.49
25	Neurological Disorders, NEC	\$686,164	\$311,069	\$362,521	0.5	5.8	66.77	1.24	1,188	\$577.58

*Based on ICD-9 codes that could not be attributed to any other condition.

In summary the top 25 clinical conditions represent over 59% of total paid claims for all clinical conditions.

Summary	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions Per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members
Top Clinical Conditions	\$38,185,433	\$10,420,881	\$27,634,984	38.51	3.73	6,188.92	105.03
All Clinical Conditions	\$63,715,507	\$17,785,172	\$45,745,594	87.19	3.79	8,960.51	210.06
Top Clinical Conditions as Pct of All Clinical Conditions	59.93%	58.59%	60.41%	44.17%	98.24%	69.07%	50.00%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred during January 2007.

Plans	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	264,472	16.1	86.60%	96.13%	99.19%
Commonwealth Essential	4,393	18	83.04%	95.79%	99.20%
Commonwealth Premier	356,830	16.2	86.64%	96.14%	99.18%
Commonwealth Select	5,631	17.2	84.37%	96.00%	99.45%
~Missing*	2,067	22.4	75.86%	89.60%	98.26%
All Plans	633,393	16.2	86.54%	96.11%	99.18%

*Missing means the claims could not be tagged to a specific plan.

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06
Incurred						
May-06	\$41,366,106	\$29,072,632	\$7,069,557	\$3,771,359	\$1,565,134	\$293,135
Jun-06	N/A	\$43,026,694	\$30,749,516	\$5,714,004	\$2,098,163	\$1,117,327
Jul-06	N/A	N/A	\$38,381,466	\$32,900,170	\$4,940,269	\$1,944,501
Aug-06	N/A	N/A	N/A	\$45,213,813	\$30,583,989	\$5,336,499
Sep-06	N/A	N/A	N/A	N/A	\$40,454,408	\$28,271,700
Oct-06	N/A	N/A	N/A	N/A	N/A	\$46,580,222
Nov-06	N/A	N/A	N/A	N/A	N/A	N/A
Dec-06	N/A	N/A	N/A	N/A	N/A	N/A
Jan-07	N/A	N/A	N/A	N/A	N/A	N/A
Feb-07	N/A	N/A	N/A	N/A	N/A	N/A
Mar-07	N/A	N/A	N/A	N/A	N/A	N/A
Apr-07	N/A	N/A	N/A	N/A	N/A	N/A

Paid	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07
Incurred						
May-06	\$532,411	\$209,542	\$112,881	\$158,717	-\$239,968	\$58,453
Jun-06	\$586,940	\$544,921	\$373,832	\$80,576	\$108,512	\$96,276
Jul-06	\$852,145	\$522,618	\$264,809	\$104,257	\$152,729	\$178,027
Aug-06	\$2,241,538	\$1,071,890	\$796,623	\$179,170	\$229,836	\$196,945
Sep-06	\$4,948,949	\$2,146,331	\$832,198	\$681,156	\$444,864	\$78,797
Oct-06	\$27,686,628	\$6,768,712	\$2,272,198	\$1,038,756	\$374,111	\$315,864
Nov-06	\$43,819,955	\$32,788,971	\$5,738,706	\$1,922,846	\$1,033,579	\$605,908
Dec-06	N/A	\$44,152,401	\$31,923,797	\$5,894,355	\$2,374,453	\$1,011,577
Jan-07	N/A	N/A	\$46,939,731	\$29,848,145	\$6,271,762	\$2,381,415
Feb-07	N/A	N/A	N/A	\$41,122,455	\$31,104,382	\$4,572,115
Mar-07	N/A	N/A	N/A	N/A	\$50,544,545	\$32,141,571
Apr-07	N/A	N/A	N/A	N/A	N/A	\$42,507,670

Claims Distribution based on Age/Gender

The following is based on claims incurred during January 2007.

	Female			Male		
Age Group Medstat	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	90	\$203,763	\$2,264.03	104	\$367,944	\$3,537.93
Ages 1-4	4,523	\$856,309	\$189.32	4,797	\$1,102,474	\$229.83
Ages 5-9	6,143	\$616,095	\$100.29	6,335	\$831,001	\$131.18
Ages 10-14	6,711	\$699,693	\$104.26	7,096	\$769,245	\$108.41
Ages 15-17	4,640	\$873,787	\$188.32	5,017	\$773,522	\$154.18
Ages 18-19	3,263	\$479,365	\$146.91	3,380	\$377,395	\$111.66
Ages 20-24	6,997	\$1,186,412	\$169.56	6,418	\$923,825	\$143.94
Ages 25-29	8,103	\$2,178,560	\$268.86	3,782	\$566,487	\$149.79
Ages 30-34	8,877	\$2,798,599	\$315.26	4,857	\$793,261	\$163.32
Ages 35-39	10,863	\$3,276,902	\$301.66	5,652	\$1,029,149	\$182.09
Ages 40-44	11,774	\$3,729,492	\$316.76	6,309	\$1,543,810	\$244.70
Ages 45-49	14,402	\$5,643,704	\$391.87	7,636	\$2,700,510	\$353.66
Ages 50-54	17,671	\$7,925,130	\$448.48	10,098	\$3,920,879	\$388.28
Ages 55-59	19,748	\$10,762,702	\$545.00	12,513	\$5,823,818	\$465.42
Ages 60-64	16,073	\$9,992,244	\$621.68	10,831	\$7,457,684	\$688.55
Ages 65-74	4,318	\$2,777,887	\$643.33	3,076	\$2,419,082	\$786.44

Allowed Amount Distribution

The following shows the distribution of members with allowed amount of charges within specified ranges for 2005, 2006 and Year-to-Date for 2007. The distribution is based on incurred claims.

Allowed Amount	2005	2006	2007
less than 0.00	90	3	0
\$0.00 - \$499.99	50,002	54,110	122,884
\$500.00 - \$999.99	29,232	32,823	18,193
\$1,000.00 - \$1,999.99	35,407	40,289	8,586
\$2,000.00 - \$4,999.99	47,471	54,312	5,153
\$5,000.00 - \$9,999.99	26,210	30,331	1,805
\$10,000.00 - \$14,999.99	9,138	10,559	569
\$15,000.00 - \$19,999.99	4,055	4,702	234
\$20,000.00 - \$29,999.99	3,539	4,237	219
\$30,000.00 - \$49,999.99	2,312	2,828	131
\$50,000.00 - \$74,999.99	932	1,076	43
\$75,000.00 - \$99,999.99	390	466	10
\$100,000.00 - \$149,999.99	299	353	13
\$150,000.00 - \$199,999.99	116	108	1
\$200,000.00 - \$249,999.99	57	68	1
over \$249,999.99	74	90	1
Total	209,324	236,355	157,843

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Feb-06	233,552	\$72,928,968	\$55,151,095	\$17,777,873	612,981	251,644	355,736
Mar-06	234,241	\$84,887,030	\$64,502,517	\$20,384,513	702,718	290,510	405,783
Apr-06	234,589	\$74,214,837	\$55,778,911	\$18,435,925	604,950	243,932	354,970
May-06	234,695	\$83,969,958	\$63,644,560	\$20,325,398	664,182	269,031	388,399
Jun-06	234,830	\$84,496,762	\$65,008,474	\$19,488,288	652,539	274,896	371,026
Jul-06	235,112	\$80,240,991	\$61,307,237	\$18,933,754	634,710	262,320	365,162
Aug-06	233,040	\$85,850,303	\$65,556,074	\$20,294,229	673,877	277,568	386,807
Sep-06	233,806	\$77,858,402	\$58,417,174	\$19,441,228	634,914	248,304	379,129
Oct-06	238,697	\$85,036,491	\$64,423,595	\$20,612,896	691,696	284,644	400,094
Nov-06	239,513	\$85,909,964	\$65,089,701	\$20,820,263	697,361	286,377	403,963
Dec-06	239,277	\$85,356,583	\$64,016,507	\$21,340,076	687,194	264,294	415,866
Jan-07	241,464	\$85,441,053	\$63,715,507	\$21,725,546	733,468	293,130	432,547

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

Incurred Rolling Years	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
Feb 2005 - Jan 2006	230,730	\$827,508,911	\$640,704,587	\$187,618,170
Feb 2006 - Jan 2007	236,706	\$986,191,776	\$746,611,351	\$239,580,425
% Change (Roll Yrs)	2.60%	19.20%	16.50%	27.70%